

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10672764 FILING DATE _____
APPLICANT(S) _____

CLAIMS						
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		
IND	DEP	IND	DEP	IND	DEP	
1	/					51
2	/					52
3	/					53
4	/					54
5	/					55
6	/					56
7	/					57
8	/					58
9	/					59
10	/					60
11	/					61
12	/					62
13	/					63
14	/					64
15	/					65
16	/					66
17	/					67
18	/					68
19	/					69
20	/					70
21	/					71
22	/					72
23	/					73
24	/					74
25	/					75
26	/					76
27	/					77
28	/					78
29	(13)					79
30	(10)					80
31	(10)					81
32	/					82
33	/					83
34	/					84
35	/					85
36	/					86
37	/					87
38	4					88
39	4					89
40	10					90
41	10					91
42	10					92
43	10					93
44	10					94
45	(10)					95
46	(10)					96
47	15	(1)				97
48	15	(1)				98
49	15	(1)				99
50	4	(1)				100
TOTAL IND.						TOTAL IND. 14
TOTAL DEP.						TOTAL DEP. 114
TOTAL CLAIMS						TOTAL CLAIMS 128